Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Transfer to Higher Level of Care - Analysis

Function Category:

☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Sub-category(s): Improving Organizational Performance   **Heading:** Quality Improvement

Contact Person: Ron Lapp, MD   **Telephone Number: 805-468-2281**

Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

☒ **Sample Reports**   ☒ **Data Gathering Forms**

☐   ☐   ☐   ☐

Photographs   **Video Tape**   **Drawings**   **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA** (Describe how and why your team selected this project/process area for improvement.):

The Department of Medicine and numerous departments of Central Medical Services (Medical Clinics, Dental Clinic, Radiology, ECG/EEG, Clinical Laboratory, and Outside Referred Care [contract services]) had been monitoring their important aspects of care by randomly picking cases and charts for review. This involved looking at numerous unrelated and usually uncomplicated cases and yielded few opportunities for improvement. Several years ago a decision was made to select cases where something had gone wrong. Cases which met certain criteria for being transferred to a **higher level of care** were to be selected. A transfer to a higher level was defined as a transfer to the Medical Infirmary, the Urgent Care Room, or to an outside community hospital. Cases selected for review included all cases transferred because of an Adverse Drug Reaction, a previously Undiagnosed Medical Condition, a Chronic Illness which Deteriorated, all cases of Suicide Attempt or Self Harm, all Unanticipated Transfers from the Admission Suite to Infirmary, and all Other Transfers to a Community Hospital. This yields about ten cases per month total.

II. A. 1.   009

2. UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT
   (Describe the relationship of your project to your goals for improvement, and describe current process performance.):

The departments involved are constantly looking for opportunities for improvement. The new process for selecting cases for review yielded more opportunities since these cases potentially involved breakdowns in the current system of providing medical care.

3. ANALYSIS   **(Describe how the problem was analyzed.):**
The consensus of all groups involved was that randomly picking charts – often of non-problematic patients was a waste of time because very few opportunities for improving care were discovered or revealed.

4. IMPLEMENTATION   **(Describe your implementation of the solution.):**

The Transfers to a Higher Level of Care Committee meets once a month to discuss the previous months cases. This committee includes Physician and Surgeons, Staff Psychiatrists, Nurses, a Social Worker, a Psychologist, and a Pharmacist. The committee takes an overall global look at all care prior to, during, and after the transfer to see if the care rendered met a reasonable standard of care, and if not, what recommendations for improvement can be made.   The management of each case is rated as follows: I = Within Standard of Care, II = Marginal Deviation From Std., III = Significant Deviation From Std., IV = Egregious. Dev. From. Std. or Non Compliance with QA & I Rec. These ratings are passed on to the Medical Staff Office and are used as the basis for part of the Department of Medicine's and Department of Psychiatry's peer review process.

All selected cases are then reviewed at a separate meeting by the numerous departments of Central Medical Services listed above and including the Department of Medicine and Nurse Practitioner Services. A monitoring tool is utilized by each department or discipline which looks specifically at the care provided by their own area. For example, the Radiology Department (as all other departments) looks to see that care provided by their area before, during, or after the transfer was a good standard of care as measured by the following criteria as appropriate: 1) Were referrals appropriate? 2) Were consultants and patient available? 3) Did consultation demonstrate continuity? 4) Were requests and responses legible? 5) Was the problem addressed? 6) Were there complications from the recommendations or procedures, 7) Was the consultation or treatment efficacious w? 8) Was the report or consultation completed in a timely manner?

5. **RESULTS** (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):
   This process has led to more opportunities for improvement. Examples include problems with timeliness of lab slip delivery resolved by developing a better delivery system. Numerous transfers because of new diabetes has led to periodic screening for diabetes on patients taking certain medications.

6. **LEARNING** (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

   This process has shown some patterns, ie: patients on some medications are more likely to get diabetes. However, most problems in patient care are isolated and usually not related. Discussion of problematic areas in the Departments of Medicine and Psychiatry help prevent their recurrence.